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BIBDATASHEET

CONFIRMATION NO. 9041

Bib Data Sheet

SERIAL NUMBER 09/289,789	FILING DATE 04/09/1999 RULE	CLASS 709	GROUP ART UNIT 2126	ATTORNEY DOCKET NO. 83000.1102:P	
<p>APPLICANTS</p> <p>ALAN T. RUBERG, FOSTER CITY, CA;</p> <p>** CONTINUING DATA *****</p> <p>none <i>LR</i></p> <p>** FOREIGN APPLICATIONS *****</p> <p>none <i>LR</i></p> <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/03/1999</p>					
<p>Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p> <p>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance</p> <p>Verified and Acknowledged <i>LR</i> Signature Initials</p>		STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 4
<p>ADDRESS</p> <p>BRIAN M. BERLINER, ESQ O'MELVENY & MYERS LLP 400 SOUTH HOPE STREET LOS ANGELES, CA 90071-2899</p>					
<p>TITLE</p> <p>VIRTUAL DEVICE DRIVER</p>					
FILING FEE RECEIVED 1334	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p> <p><input type="checkbox"/> All Fees</p> <p><input type="checkbox"/> 1.16 Fees (Filing)</p> <p><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</p> <p><input type="checkbox"/> 1.18 Fees (Issue)</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Credit</p>				

SERIAL NUMBER 09/289,789	FILING DATE 04/09/99	CLASS 709	GROUP ART UNIT 2755	ATTORNEY DOCKET NO. 83000.11021P
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APPLICANT

ALAN T. RUBERG, FOSTER CITY, CA.

****CONTINUING DOMESTIC DATA*******
VERIFIED

none

****371 (NAT'L STAGE) DATA*******
VERIFIED

none

****FOREIGN APPLICATIONS*******
VERIFIED

none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/03/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS

HECKER & HARRIMAN
1925 CENTURY PARK EAST STE 2300
LOS ANGELES CA 90067

TITLE

VIRTUAL DEVICE DRIVER

FILING FEE RECEIVED \$890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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